

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 S86,136

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		1				
12		1				
13		1				
14		①				
15		①				
16		①				
17		①				
18		①				
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25		①				
26		①				
27		①				
28		①				
29	1					
30						
31						
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	28	←	←	←	←	←
TOTAL CLAIMS	31					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						